

Auburn City Hall Annex, 2nd Floor

COMMERCIAL BUILDING PERMIT APPLICATION

Form last updated on May 1, 2011

Physical Address:

1 East Main Street

Mailing Address:

25 West Main Street Auburn, WA 98001-4998 Webpage & Email:

www.auburnwa.gov permitcenter@auburnwa.gov Phone and Fax:

Phone: 253-931-3090 Fax: 253-804-3114

PROJECT INFORMATION		
Check all that apply:		Permit Number #
☐ New Construction ☐ Demo ☐ Addition ☐ Alte	eration ☐ Tenant Improvement	
Project Valuation (do not include cosmetic improvements such as paint and carpet) \$		Parent Permit #
Are you deferring impact fees or utility system development cha	arges: Yes No	
Job site address:	Zip Lot #	
Tenant Name: Parcel #	Parcel #	
Complex Name:Buil	Building #: Suite #	
Scope of Work:		Deferred Submittals (check all that apply):
		☐ Mechanical
		☐ Plumbing
		□ Fire
OWNER	CONTRACTOR	
Company Name:	Company Name:	
☐ Check this box if this is the primary contact	s the primary contact	
Contact Person:	Contact:	Phone:
Address:	Address:	
City: State: Zip:	City:	State: Zip:
Phone: Fax:	E-mail:	
E-mail:	City of Auburn Business Lice	ense #: BUS
	Washington State Lic.#:	
ARCHITECT	ENGINEER	
Company Name:	Company Name:	
☐ Check this box if this is the primary contact	☐ Check this box if this is the primary contact	
Architect:	Engineer:	
ID#: Exp. Date:	ID#	Exp. Date:
Address:	Address:	
City: State: Zip:	City:	State: Zip:
Phone: Fax:	Phone:	Fax:
E-mail:	E-mail:	

BUILDING/FIRE			
Type of Construction (IA, IB, IIA, IIB, IIIA, IIIB, IV, VA, VB): Number of Stories: Building Height: Building/Tenant Sq. Footage: Conditioned Space Footage: Natural Gas to Site	Zoning Designation: Parking: Number Required: Number Provided: Accessible Spaces: Number of Dwelling Units: Power to Site:	Change of Use (Y/N): ☐ Yes ☐ No Vacant Site (Y/N): ☐ Yes ☐ No Fire: Sprinklers Required: ☐ Yes ☐ No Sprinkled Area Sq. Footage:	
Will there be a change in use (Y/N): If yes, Existing Use: If yes, Proposed Use: Proposed Occupancy Load:	Occupancy Classificat Occupancy Classificat Occupancy Classificat	Sq. Ft. ion, Sq. Ft. ion, Sq. Ft. ion, Sq. Ft. ion, Sq. Ft.	
SPECIAL TESTING AND/OR INSPECTIONS			
Will this project require any special testing or inspections: ☐ Yes ☐ No If yes, please include the City of Auburn "Agreement for Testing and Special Inspection" form which is available at http://www.auburnwa.gov/Assets/PCD/AuburnWA/Docs/special_inspection_agreement2.pdf			
ADDITIONAL INFORMATION			
HALF STREET IMPROVEMENTS: Required Half Street Improvements have already been completed. Required Half Street Improvements have not been completed and are proposed to be completed as part of this development. Required Half Street Improvements have not been completed and are proposed to be deferred to a later time.			
USE OF OTHER PROPERTIES: ☐ Yes ☐ No Does the proposed development activity rely upon the use of other properties (e.g. easements across another property). If you check yes, please provide a copy of the legal document that indicates that the other property may be used to serve the proposed development. Also, please depict this information on any site plan drawings that are attached to this application.			
IS THE PROPERTY WITHIN A FLOOD HAZARD AREA? Ves No			
APPLICANT (check one of the following):	□ Owner □ Owner's Agen	t Contractor Contractor's Agent	
I certify that I have read this application and declare under penalty of perjury that the information contained herein is correct and complete. I agree to comply with all city and county ordinances and state laws relating to building construction and hereby authorize representatives of this city to enter upon the above mentioned property for inspection purposes. I am either the owner of the property on this permit application, the Washington State registered contractor for the work, or I represent the owner or contractor as signified above and am acting with the owner's/contractors full knowledge or consent.			
Print Name	Signature	Date	